

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COVENANT OAKS (0008572)

Address: 6165 MINERAL POINT ROAD, MADISON, WI 53705

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095670 **End Date:** 09/28/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008283 Served 10/17/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		

Survey ID: 0091709 **End Date:** 12/02/2003 **Type:** OTHER **Purpose:** SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007912 Served 12/20/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/28/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	09/28/2005	Yes
83.42(2)(b)	ANNUAL EVALUATION MORE THAN 2 MINUTES	09/28/2005	Yes

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Survey ID: 0090738 **End Date:** 07/22/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007822 Served 08/07/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION	12/02/2003	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	12/02/2003	Yes

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 12/16/2003 **SOD #**10007912 **Appealed:** No

Sanctions

OTHER SANCTION

FORFEITURE---83.11(3)(a)

FORFEITURE---83.32(2)(d)

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